

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041491

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

19

Primary Registration District No.

3002

Registrar's No.

268

FILED DEC 3 1962

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Mexico		c. CITY OR TOWN Mexico	
Length of stay in 1b 14 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		d. STREET ADDRESS (If outside, give location) 1032 W. Latney	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ANSEL Middle TURNER Last EASTWOOD		4. DATE OF DEATH Month 11 Day 25 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-13-89
9. AGE (last birthday) 73		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse		10b. KIND OF BUSINESS OR INDUSTRY Nursing	
11. BIRTHPLACE (City and state or country) Mokane, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Sammuel T. Eastwood		13b. MOTHER'S MAIDEN NAME Frances Hinton	
14. NAME OF HUSBAND OR WIFE Mrs Julia Eastwood		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) no	
16. SOCIAL SECURITY NO. 0		17. INFORMANT Mrs Julia Eastwood Mexico, Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Melanotic Carcinoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma rectum DUE TO (c) Chronic myocardial failure		INTERVAL BETWEEN ONSET AND DEATH 6 months 6 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic myocardial failure		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 1956	
21. I attended the deceased from 1956 to 11-25-62 and last saw him alive on 11-25-62		Death occurred at 9:53 P m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Harold B. Langford M.D.		22b. ADDRESS Impier Mo	
22c. DATE SIGNED 11-27-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 11-27-1962		23c. NAME OF CEMETERY OR CREMATORY Middle River Cemetery	
23d. LOCATION (City, town, or county) Mokane, Missouri		24. FUNERAL DIRECTOR Arnold Funeral Home, Mexico, Mo.	
25. DATE RECD. BY LOCAL REG. Nov 27-1962		26. REGISTRAR'S SIGNATURE Blanche Neely	

USE BLACK INK

OR

TYPEWRITER RIBBON

Handed to Langford

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Kenneth E. Hayer

Licensed Embalmer No. *4890*

P. O. Address *Mexico, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.